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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10697120 | <b>Applicant(s)/Patent Under Reexamination</b><br>SCHMIDT ET AL. |
|   | <b>Examiner</b><br>Hanh Phan               | <b>Art Unit</b><br>2613  |

| ORIGINAL           |                                   |          |     |     |     | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|-----|-----|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |     |     | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 398                |                                   | 207      |     |     |     | H                            | O | 4 | B | 10 / 06 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 398                | 202                               | 205      | 206 | 208 | 209 |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 398                | 212                               | 213      | 214 | 184 | 65  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 398                | 75                                | 102      | 161 | 152 | 98  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 359                | 495                               | 483      | 246 |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 385                | 1                                 | 4        | 11  | 24  |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |     |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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| NONE<br><br>(Assistant Examiner) _____ (Date) _____<br>/Hanh Phan/<br>Primary Examiner Art Unit 2613<br>(Primary Examiner) _____ (Date) _____ |  | <b>Total Claims Allowed:</b><br>9<br><br>O.G. Print Claim(s) _____ O.G. Print Figure _____<br>1 _____ 2 _____ |  |
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